

Health Resources and Services Administration  
Maternal and Child Health Bureau

Discretionary Grant Performance Measures

OMB No. 0915-0298  
Expires: 06/30/2022

Attachment B:  
Core Measures, Population Domain Measures,  
Program-Specific Measures (Detail Sheets)

OMB Clearance Package

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0298. Public reporting burden for this collection of information is estimated to average 36 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland, 20857.

**Table of Contents**

**Attachment B:**  
**Core Measures, Population Domain Measures, Program-Specific Measures (Detail Sheets)**

**Core Measures..... 4**

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DGIS Performance Measures, Numbering by Domain	
Performance Measure	Topic
Core 2	Quality Improvement
Core 3	Health Equity
CB 4	Sustainability

<b>Core 2 Performance Measure</b>	The percent of programs engaging in quality improvement and through what means, and related outcomes.
<b>Goal: Quality Improvement</b>	
<b>Level: Grantee</b>	
<b>Domain: Core</b>	
<b>GOAL</b>	To measure quality improvement initiatives.
<b>MEASURE</b>	The percent of MCHB funded projects implementing quality improvement initiatives.
<b>DEFINITION</b>	<p><b>Tier 1:</b> Are you implementing quality improvement (QI) initiatives in your program?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><b>Tier 2:</b> QI initiative:</p> <p>What type of QI structure do you have? (Check all that apply)</p> <p><input type="checkbox"/> Team established within a division, office, department, etc. of an organization to improve a process, policy, program, etc.</p> <p><input type="checkbox"/> Team within and across an organization focused on organizational improvement</p> <p><input type="checkbox"/> Cross sectorial collaborative across multiple organizations</p> <p>What types of aims are included in your QI initiative? (Check all that apply)</p> <p><input type="checkbox"/> Population health</p> <p><input type="checkbox"/> Improve service delivery (process or program)</p> <p><input type="checkbox"/> Improve client satisfaction/ outcomes</p> <p><input type="checkbox"/> Improve work flow</p> <p><input type="checkbox"/> Policy improvement</p> <p><input type="checkbox"/> Reducing variation or errors</p> <p><b>Tier 3:</b> Implementation</p> <p>Are QI goals directly aligned with organization's strategic goals? Y/ N</p> <p>Has the QI team received training in QI? Y/N</p> <p>Do you have metrics to track improvement? Y/N</p> <p>Which methodology are you utilizing for quality improvement? (Check all that apply)</p> <p><input type="checkbox"/> Plan, Do, Study, Act Cycles</p> <p><input type="checkbox"/> Lean</p> <p><input type="checkbox"/> Six Sigma</p> <p><input type="checkbox"/> Other: _____</p> <p><b>Tier 4:</b> What are the related outcomes?</p> <p>Is there data to support improvement in population health as a result of the QI activities? Y/N</p> <p>Is there data to support organizational improvement as a result of QI activities? Y/N</p> <p>Is there data to support improvement in cross sectorial collaboration as a result of QI activities? Y/N</p>
<b>BENCHMARK DATA SOURCES</b>	N/A
<b>GRANTEE DATA SOURCES</b>	Grantee self-reported.
<b>SIGNIFICANCE</b>	

<b>Core 3 Performance Measure</b>	The percent of programs promoting and/ or facilitating improving health equity.
<b>Goal: Health Equity</b>	
<b>Level: Grantee</b>	
<b>Domain: Capacity Building</b>	
<b>GOAL</b>	To ensure MCHB grantees have established specific aims related to improving health equity.
<b>MEASURE</b>	The percent of MCHB funded projects with specific measurable aims related to promoting health equity.
<b>DEFINITION</b>	<p><b>Tier 1:</b> Are you promoting and/ or facilitating health equity in your program?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><b>Tier 2:</b> Please select within which of the following domains your program addresses health equity (check all that apply):</p> <p><input type="checkbox"/> Income</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity</p> <p><input type="checkbox"/> Language</p> <p><input type="checkbox"/> Socioeconomic Status</p> <p><input type="checkbox"/> Health Status</p> <p><input type="checkbox"/> Disability</p> <p><input type="checkbox"/> Sexual Orientation</p> <p><input type="checkbox"/> Sex</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Geography – Rural/ Urban</p> <p><input type="checkbox"/> Other: _____</p> <p><b>Tier 3:</b> Implementation</p> <p>Has your program set stated goal/ objectives for health equity? Y/N</p> <p>If yes, what are those aims? _____</p> <p><b>Tier 4:</b> What are the related outcomes?</p> <p>% of programs that met stated goals/ objectives around health equity</p> <p><b>Numerator:</b> # of programs that met stated specific aims around health equity</p> <p><b>Denominator:</b> # of programs that set specific aims around health equity</p> <p><i>* Health equity exists when challenges and barriers have been removed for those groups who experience greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.</i></p>
<b>BENCHMARK DATA SOURCES</b>	N/A
<b>GRANTEE DATA SOURCES</b>	Grantee self-reported.
<b>SIGNIFICANCE</b>	Health equity is achieved when every individual has the opportunity to attain his or her full health potential and no one is “disadvantaged from achieving this potential because of social position or socially determined consequences.” Achieving health equity is a top priority in the United States.

<b>CB 4 Performance Measure</b> <b>Edited for clarity</b> <b>Goal: Sustainability</b> <b>Level: Grantee</b> <b>Domain: Capacity Building</b>	The percent of MCHB funded initiatives working to promote sustainability of their programs or initiatives beyond the life of MCHB funding.
<b>GOAL</b>	To ensure sustainability of programs or initiatives over time, beyond the duration of MCHB funding.
<b>MEASURE</b>	The percent of MCHB funded initiatives working to promote sustainability of their programs or initiatives beyond the life of MCHB funding, and through what methods.
<b>DEFINITION</b>	<p><b>Tier 1:</b> Are you addressing sustainability in your program?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes</li><li><input type="checkbox"/> No</li></ul> <p><b>Tier 2:</b> Through what processes/ mechanisms are you addressing sustainability?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> A written sustainability plan is in place within two years of the MCHB award with goals, objectives, action steps, and timelines to monitor plan progress</li><li><input type="checkbox"/> Staff and leaders in the organization engage and build partnerships with consumers, and other key stakeholders in the community, in the early project planning, and I sustainability planning and implementation processes</li><li><input type="checkbox"/> There is support for the MCHB-funded program or initiative within the parent agency or organization, including from individuals with planning and decision making authority</li><li><input type="checkbox"/> There is an advisory group or a formal board that includes family, community and state partners, and other stakeholders who can leverage resources or otherwise help to sustain the successful aspects of the program or initiative</li><li><input type="checkbox"/> The program's successes and identification of needs are communicated within and outside the organization among partners and the public, using various internal communication, outreach, and marketing strategies</li><li><input type="checkbox"/> The grantee identified, actively sought out, and obtained other funding sources and in-kind resources to sustain the entire MCHB-funded program or initiative</li><li><input type="checkbox"/> Policies and procedures developed for the successful aspects of the program or initiative are incorporated into the parent or another organization's system of programs and services</li><li><input type="checkbox"/> The responsibilities for carrying out key successful aspects of the program or initiative have begun to be transferred to permanent staff positions in other ongoing programs or organizations</li><li><input type="checkbox"/> The grantee has secured financial or in-kind support from within the parent organization or external organizations to sustain the successful aspects of the MCHB-funded program or initiative</li><li><input type="checkbox"/></li></ul>
<b>BENCHMARK DATA SOURCES</b>	N/A
<b>GRANTEE DATA SOURCES</b>	Grantee self-reported.

**CB 4 Performance Measure**  
**Edited for clarity**  
**Goal: Sustainability**  
**Level: Grantee**  
**Domain: Capacity Building**

The percent of MCHB funded initiatives working to promote sustainability of their programs or initiatives beyond the life of MCHB funding.

## **SIGNIFICANCE**

In recognition of the increasing call for recipients of public funds to sustain their programs after initial funding ends, MCHB encourages grantees to work toward sustainability throughout their grant periods. A number of different terms and explanations have been used as operational components of sustainability. These components fall into four major categories, each emphasizing a distinct focal point as being at the heart of the sustainability process: (1) adherence to program principles and objectives, (2) organizational integration, (3) maintenance of health benefits, and (4) State or community capacity building. Specific recommended actions that can help grantees build toward each of these four sustainability components are included as the Tier 2 data elements for this measure.

Health Resources and Services Administration  
Maternal and Child Health Bureau

Discretionary Grant Performance Measures

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Attachment C:  
Financial and Demographic Data Elements

OMB Clearance Package

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**Attachment C:**  
**Financial and Demographic Data Elements**

<b>Form 1 – MCHB Project Budget Details for FY _____ .....</b>	<b>3</b>
<b>Form 2 – Project Funding Profile .....</b>	<b>5</b>
<b>Form 4 – Project Budget and Expenditures.....</b>	<b>7</b>

**FORM 1**  
**MCHB PROJECT BUDGET DETAILS FOR FY \_\_\_\_\_**

<b>1.</b>	<b>MCHB GRANT AWARD AMOUNT</b>	\$ _____
<b>2.</b>	<b>UNOBLIGATED BALANCE</b>	\$ _____
<b>3.</b>	<b>MATCHING FUNDS</b> (Required: Yes [ ] No [ ] If yes, amount)	\$ _____
	A. Local funds	\$ _____
	B. State funds	\$ _____
	C. Program Income	\$ _____
	D. Applicant/Grantee Funds	\$ _____
	E. Other funds: _____	\$ _____
<b>4.</b>	<b>OTHER PROJECT FUNDS</b> (Not included in 3 above)	\$ _____
	A. Local funds	\$ _____
	B. State funds	\$ _____
	C. Program Income (Clinical or Other)	\$ _____
	D. Applicant/Grantee Funds (includes in-kind)	\$ _____
	E. Other funds (including private sector, e.g., Foundations)	\$ _____
<b>5.</b>	<b>TOTAL PROJECT FUNDS</b> (Total lines 1 through 4)	\$ _____
<b>6.</b>	<b>FEDERAL COLLABORATIVE FUNDS</b> (Source(s) of additional Federal funds contributing to the project)	\$ _____
	A. Other MCHB Funds (Do not repeat grant funds from Line 1)	
	1) Special Projects of Regional and National Significance (SPRANS)	\$ _____
	2) Community Integrated Service Systems (CISS)	\$ _____
	3) State Systems Development Initiative (SSDI)	\$ _____
	4) Healthy Start	\$ _____
	5) Emergency Medical Services for Children (EMSC)	\$ _____
	6) Autism Collaboration, Accountability, Research, Education and Support Act	\$ _____
	7) Patient Protection and Affordable Care Act	_____
	8) Universal Newborn Hearing Screening	_____
	9) State Title V Block Grant	\$ _____
	10) Other: _____	\$ _____
	11) Other: _____	\$ _____
	12) Other: _____	\$ _____
	B. Other HRSA Funds	
	1) HIV/AIDS	\$ _____
	2) Primary Care	\$ _____
	3) Health Professions	\$ _____
	4) Other: _____	\$ _____
	5) Other: _____	\$ _____
	6) Other: _____	\$ _____
	C. Other Federal Funds	
	1) Center for Medicare and Medicaid Services (CMS)	\$ _____
	2) Supplemental Security Income (SSI)	\$ _____
	3) Agriculture (WIC/other)	\$ _____
	4) Administration for Children and Families (ACF)	\$ _____
	5) Centers for Disease Control and Prevention (CDC)	\$ _____
	6) Substance Abuse and Mental Health Services Administration (SAMHSA)	\$ _____
	7) National Institutes of Health (NIH)	\$ _____
	8) Education	\$ _____
	9) Bioterrorism	_____
	10) Other: _____	\$ _____
	11) Other: _____	\$ _____

12) Other \_\_\_\_\_  
**7. TOTAL COLLABORATIVE FEDERAL FUNDS**

\_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETION OF FORM 1**  
**MCH BUDGET DETAILS FOR FY \_\_\_\_\_**

- Line 1. Enter the amount of the Federal MCHB grant award for this project.
- Line 2. Enter the amount of carryover (e.g., unobligated balance) from the previous year's award, if any. New awards do not enter data in this field, since new awards will not have a carryover balance.
- Line 3. If matching funds are required for this grant program list the amounts by source on lines 3A through 3E as appropriate. Where appropriate, include the dollar value of in-kind contributions.
- Line 4. Enter the amount of other funds received for the project, by source on Lines 4A through 4E, specifying amounts from each source. Also include the dollar value of in-kind contributions.
- Line 5. Displays the sum of lines 1 through 4.
- Line 6. Enter the amount of other Federal funds received on the appropriate lines (A.1 through C.12) **other** than the MCHB grant award for the project. Such funds would include those from other Departments, other components of the Department of Health and Human Services, or other MCHB grants or contracts.
- Line 6C.1. Enter only project funds from the Center for Medicare and Medicaid Services. Exclude Medicaid reimbursement, which is considered Program Income and should be included on Line 3C or 4C.
- If lines 6A.8-10, 6B .4-6, or 6C.10-12 are utilized, specify the source(s) of the funds in the order of the amount provided, starting with the source of the most funds. .
- Line 7. Displays the sum of lines in 6A.1 through 6C.12.

## FORM 2

### PROJECT FUNDING PROFILE

	<u>FY</u> _____	<u>FY</u> _____	<u>FY</u> _____	<u>FY</u> _____	<u>FY</u> _____	<u>FY</u> _____	<u>FY</u> _____	<u>FY</u> _____	<u>FY</u> _____	
	<u>Budgeted</u>	<u>Expended</u>	<u>Budgeted</u>	<u>Expended</u>	<u>Budgeted</u>	<u>Expended</u>	<u>Budgeted</u>	<u>Expended</u>	<u>Budgeted</u>	<u>Expended</u>
<b>1</b> <u>MCHB Grant</u> <u>Award Amount</u> <i>Line 1, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>2</b> <u>Unobligated</u> <u>Balance</u> <i>Line 2, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>3</b> <u>Matching Funds</u> <u>(If required)</u> <i>Line 3, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>4</b> <u>Other Project</u> <u>Funds</u> <i>Line 4, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>5</b> <u>Total Project</u> <u>Funds</u> <i>Line 5, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>6</b> <u>Total Federal</u> <u>Collaborative</u> <u>Funds</u> <i>Line 7, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**INSTRUCTIONS FOR THE COMPLETION OF FORM 2  
PROJECT FUNDING PROFILE**

**Instructions:**

Complete all required data cells. If an actual number is not available, use an estimate. Explain all estimates in a note.

The form is intended to provide funding data at a glance on the estimated budgeted amounts and actual expended amounts of an MCH project.

For each fiscal year, the data in the columns labeled Budgeted on this form are to contain the same figures that appear on the Application Face Sheet (for a non-competing continuation) or the Notice of Grant Award (for a performance report). The lines under the columns labeled Expended are to contain the actual amounts expended for each grant year that has been completed.

## **FORM 4**

### **PROJECT BUDGET AND EXPENDITURES** **By Types of Services**

<u><b>TYPES OF SERVICES</b></u>	FY _____ <u><b>Budgeted</b></u>	FY _____ <u><b>Expended</b></u>	FY _____ <u><b>Budgeted</b></u>	FY _____ <u><b>Expended</b></u>
<b>I.    <u><b>Direct Health Care Services</b></u></b> (Basic Health Services and Health Services for CSHCN.)	\$ _____	\$ _____	\$ _____	\$ _____
<b>II.   <u><b>Enabling Services</b></u></b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC and Education.)	\$ _____	\$ _____	\$ _____	\$ _____
<b>III. <u><b>Public Health Services and Systems</b></u></b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information System Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ _____	\$ _____	\$ _____	\$ _____
<b>IV.                    <i><b>TOTAL</b></i></b>	\$ _____	\$ _____	\$ _____	\$ _____

## INSTRUCTIONS FOR THE COMPLETION OF FORM 4 PROJECT BUDGET AND EXPENDITURES BY TYPES OF SERVICES

Complete all required data cells for all years of the grant. If an actual number is not available, make an estimate. Please explain all estimates in a note. Administrative dollars should be allocated to the appropriate level(s) of the pyramid on lines I, II, III or IV. If an estimate of administrative funds use is necessary, one method would be to allocate those dollars to Lines I, II, III and IV at the same percentage as program dollars are allocated to Lines I through IV.

Note: Lines I, II and III are for projects providing services. If grant funds are used to build the infrastructure for direct care delivery, enabling or population-based services, these amounts should be reported in Line IV (i.e., building data collection capacity for newborn hearing screening).

Line I     Direct Health Care Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

**Direct Health Care Services** are those services generally delivered one-on-one between a health professional and a patient in an office, clinic or emergency room which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, x-ray services, dental care, and pharmaceutical products and services. State Title V programs support - by directly operating programs or by funding local providers - services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning. For CSHCN, these services include specialty and sub-specialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness, and other conditions requiring sophisticated technology, access to highly trained specialists, or an array of services not generally available in most communities.

Line II     Enabling Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

**Enabling Services** allow or provide for access to and the derivation of benefits from, the array of basic health care services and include such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination of with Medicaid, WIC and educations. These services are especially required for the low income, disadvantaged, geographically or culturally isolated, and those with special and complicated health needs. For many of these individuals, the enabling services are essential - for without them access is not possible. Enabling services most commonly provided by agencies for CSHCN include transportation, care coordination, translation services, home visiting, and family outreach. Family support activities include parent support groups, family training workshops, advocacy, nutrition and social work.

Line III     Public Health Services and Systems - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

**Public Health Services and Systems** include preventive interventions and personal health services, developed and available for the entire MCH population of the State rather than for individuals in a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunization, Sudden Infant Death Syndrome counseling, oral health, injury prevention, nutrition and outreach/public education. These services are generally available whether the mother or child receives care in the private or public system, in a rural clinic or an HMO, and whether insured or not. The other critical aspect of Public Health Services and Systems are activities directed at improving and maintaining the health status of all women and children by providing support for development and maintenance of comprehensive health services systems and resources such as health services standards/guidelines, training, data and planning systems. Examples include needs assessment, evaluation, planning, policy development,

coordination, quality assurance, standards development, monitoring, training, applied research, information systems and systems of care. In the development of systems of care it should be assured that the systems are family centered, community based and culturally competent.

Line V     Total – Displays the total amounts for each column, budgeted for each year and expended for each year completed.



Health Resources and Services Administration  
Maternal and Child Health Bureau

Discretionary Grant Performance Measures

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Attachment D:  
Additional Data Elements

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**Attachment D:  
Additional Data Elements**

<b>Products, Publications and Submissions Data Collection Form .....</b>	<b>3</b>
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## **Products, Publications and Submissions Data Collection Form**

### **Part 1**

Instructions: Please list the number of products, publications and submissions addressing maternal and child health that have been published or produced with grant support (either fully or partially) during the reporting period. Count the original completed product, not each time it is disseminated or presented.

Type	Number
<u>In Press</u> peer-reviewed publications in scholarly journals  <i>Please include peer reviewed publications addressing maternal and child health that have been published by project faculty and/or staff during the reporting period. Faculty and staff include those listed in the budget form and narrative and others that your program considers to have a central and ongoing role in the project whether they are supported or not supported by the grant.</i>	
<u>Submission(s)</u> of peer-reviewed publications to scholarly journals	
Books	
Book chapters	
Reports and monographs (including policy briefs and best practices reports)	
Conference presentations and posters presented	
Web-based products (Blogs, podcasts, Web-based video clips, wikis, RSS feeds, news aggregators, social networking sites)	
Electronic products (CD-ROMs, DVDs, audio or videotapes)	
Press communications (TV/Radio interviews, newspaper interviews, public service announcements, and editorial articles)	
Newsletters (electronic or print)	
Pamphlets, brochures, or fact sheets	
Academic course development	
Distance learning modules	
Doctoral dissertations/ Master's theses	
Other	

### Part 3

Instructions: For each product, publication and submission listed in Part 1, complete all elements marked with an “\*.”

**Data collection form for: primary author in peer-reviewed publications in scholarly journals – published**

\*Title: \_\_\_\_\_

\*Author(s): \_\_\_\_\_

\*Publication: \_\_\_\_\_

\*Volume: \_\_\_\_\_ \*Number: \_\_\_\_\_ Supplement: \_\_\_\_\_ \*Year: \_\_\_\_\_ \*Page(s): \_\_\_\_\_

\*Target Audience: Consumers/Families \_\_\_\_ Professionals \_\_\_\_ Policymakers \_\_\_\_ Students \_\_\_\_

\*To obtain copies (URL): \_\_\_\_\_

\*Dissemination Vehicles: TV/ Radio Interview \_\_\_\_ Newspaper/ Print Interview \_\_\_\_ Press Release \_\_\_\_

Social Networking Sites/ Social Media \_\_\_\_ Listservs \_\_\_\_ Conference Presentation \_\_\_\_

Key Words (No more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form for: contributing author in peer-reviewed publications in scholarly journals – published**

\*Title: \_\_\_\_\_

\*Author(s): \_\_\_\_\_

\*Publication: \_\_\_\_\_

\*Volume: \_\_\_\_\_ \*Number: \_\_\_\_\_ Supplement: \_\_\_\_\_ \*Year: \_\_\_\_\_ \*Page(s): \_\_\_\_\_

\*Target Audience: Consumers/Families \_\_\_\_ Professionals \_\_\_\_ Policymakers \_\_\_\_ Students \_\_\_\_

\*To obtain copies (URL): \_\_\_\_\_

\*Dissemination Vehicles: TV/ Radio Interview \_\_\_\_ Newspaper/ Print Interview \_\_\_\_ Press Release \_\_\_\_

Social Networking Sites/ Social Media \_\_\_\_ Listservs \_\_\_\_ Conference Presentation \_\_\_\_

Key Words (No more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Peer-reviewed publications in scholarly journals – submitted, not yet published**

\*Title: \_\_\_\_\_

\*Author(s): \_\_\_\_\_

\*Publication: \_\_\_\_\_

\*Year Submitted: \_\_\_\_\_

\*Target Audience: Consumers/Families \_\_\_\_ Professionals \_\_\_\_ Policymakers \_\_\_\_ Students \_\_\_\_

Key Words (No more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Books**

\*Title: \_\_\_\_\_

\*Author(s): \_\_\_\_\_

\*Publisher: \_\_\_\_\_

\*Year Published: \_\_\_\_\_

\*Target Audience: Consumers/Families \_\_\_\_ Professionals \_\_\_\_ Policymakers \_\_\_\_ Students \_\_\_\_

Key Words (No more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form for: Book chapters**

Note: If multiple chapters are developed for the same book, list them separately.

\*Chapter Title: \_\_\_\_\_

\*Chapter Author(s): \_\_\_\_\_

\*Book Title: \_\_\_\_\_

\*Book Author(s): \_\_\_\_\_

\*Publisher: \_\_\_\_\_

\*Year Published: \_\_\_\_\_

\*Target Audience: Consumers/Families \_\_\_\_ Professionals \_\_\_\_ Policymakers \_\_\_\_ Students \_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Reports and monographs**

\*Title: \_\_\_\_\_

\*Author(s)/Organization(s): \_\_\_\_\_

\*Year Published: \_\_\_\_\_

\*Target Audience: Consumers/Families \_\_\_\_ Professionals \_\_\_\_ Policymakers \_\_\_\_ Students \_\_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Conference presentations and posters presented**

(This section is not required for MCHB Training grantees.)

\*Title: \_\_\_\_\_

\*Author(s)/Organization(s): \_\_\_\_\_

\*Meeting/Conference Name: \_\_\_\_\_

\*Year Presented: \_\_\_\_\_

\*Type: ☐ Presentation ☐ Poster

\*Target Audience: Consumers/Families \_\_\_\_ Professionals \_\_\_\_ Policymakers \_\_\_\_ Students \_\_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Web-based products**

\*Product: \_\_\_\_\_

\*Year: \_\_\_\_\_

\*Type: ☐ Blogs ☐ Podcasts ☐ Web-based video clips  
☐ Wikis ☐ RSS feeds ☐ News aggregators  
☐ Social networking sites ☐ Other (Specify) \_\_\_\_\_

\*Target Audience: Consumers/Families \_\_\_\_ Professionals \_\_\_\_ Policymakers \_\_\_\_ Students \_\_\_\_

\*To obtain copies (URL): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Electronic Products**

\*Title: \_\_\_\_\_

\*Author(s)/Organization(s): \_\_\_\_\_

\*Year: \_\_\_\_\_

\*Type: ☐ CD-ROMs ☐ DVDs ☐ Audio tapes  
☐ Videotapes ☐ Other (Specify)

\*Target Audience: Consumers/Families \_\_\_\_ Professionals \_\_\_\_ Policymakers \_\_\_\_ Students \_\_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Press Communications**

\*Title: \_\_\_\_\_

\*Author(s)/Organization(s): \_\_\_\_\_

\*Year: \_\_\_\_\_

\*Type: ☐ TV interview ☐ Radio interview ☐ Newspaper interview  
☐ Public service announcement ☐ Editorial article ☐ Other (Specify)

\*Target Audience: Consumers/Families \_\_\_\_ Professionals \_\_\_\_ Policymakers \_\_\_\_ Students \_\_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Newsletters**

\*Title: \_\_\_\_\_

\*Author(s)/Organization(s): \_\_\_\_\_

\*Year: \_\_\_\_\_

\*Type: ☐ Electronic ☐ Print ☐ Both

\*Target Audience: Consumers/Families \_\_\_\_ Professionals \_\_\_\_ Policymakers \_\_\_\_ Students \_\_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

\*Frequency of distribution: ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other (Specify)

Number of subscribers: \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Pamphlets, brochures or fact sheets**

\*Title: \_\_\_\_\_

\*Author(s)/Organization(s): \_\_\_\_\_

\*Year: \_\_\_\_\_

\*Type: ☐ Pamphlet ☐ Brochure ☐ Fact Sheet

\*Target Audience: Consumers/Families \_\_\_\_ Professionals \_\_\_\_ Policymakers \_\_\_\_ Students \_\_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Academic course development**

\*Title: \_\_\_\_\_

\*Author(s)/Organization(s): \_\_\_\_\_

\*Year: \_\_\_\_\_

\*Target Audience: Consumers/Families \_\_\_\_ Professionals \_\_\_\_ Policymakers \_\_\_\_ Students \_\_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Data collection form: Distance learning modules**

\*Title: \_\_\_\_\_

\*Author(s)/Organization(s): \_\_\_\_\_

\*Year: \_\_\_\_\_

\*Media Type: ☐ Blogs ☐ Podcasts ☐ Web-based video clips  
☐ Wikis ☐ RSS feeds ☐ News aggregators  
☐ Social networking sites ☐ CD-ROMs ☐ DVDs  
☐ Audio tapes ☐ Videotapes ☐ Other (Specify)

\*Target Audience: Consumers/Families \_\_\_\_ Professionals \_\_\_\_ Policymakers \_\_\_\_ Students \_\_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_



**Data collection form: Doctoral dissertations/Master's theses**

\*Title: \_\_\_\_\_

\*Author: \_\_\_\_\_

\*Year Completed: \_\_\_\_\_

\*Type: ☐ Doctoral dissertation ☐ Master's thesis

\*Target Audience: Consumers/Families \_\_\_\_ Professionals \_\_\_\_ Policymakers \_\_\_\_ Students \_\_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

**Other**

(Note, up to 3 may be entered)

\*Title: \_\_\_\_\_

\*Author(s)/Organization(s): \_\_\_\_\_

\*Year: \_\_\_\_\_

\*Describe product, publication or submission: \_\_\_\_\_

\*Target Audience: Consumers/Families \_\_\_\_ Professionals \_\_\_\_ Policymakers \_\_\_\_ Students \_\_\_\_

\*To obtain copies (URL or email): \_\_\_\_\_

Key Words (no more than 5): \_\_\_\_\_

Notes: \_\_\_\_\_

OMB Number: 0915-0298  
Expiration Date: 06/30/2022

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